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ABSTRACT

This manual on drugs, alcohol, and driving is written for parents from both prevention and intervention perspectives. An overview of the substance abuse problem is presented through a description of the film, "The Mountain," a 14-minute animated movie in which a rural community, working together, learn to use and enjoy in safety the mountain near their community. Throughout the manual, the benefits of a caring/interactional approach in working with teenagers is emphasized. Drug and alcohol abuse are defined and warning signs of possible drug use are listed. A comprehensive chart of 25 drugs defines each drug by it pharmaceutical and slang names, its physical and psychological effects and side effects, its medical uses, and withdrawal syndrome. Prevention and treatment are discussed in supportive terms, and suggested guidelines for assessing the quality of treatment programs are given. Treatment programs in Illinois are listed. Alcohol use is presented in light of driving statistics, parental models, and drinking myths. A sample parent-teenager contract is offered. Sources of drug and alcohol education information, as well as an annotated list of miscellaneous educational materials are also provided. (BL)

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"MOUNTAIN EDUCATION"
The Answer To The "3 D's."

Drinking, Driving & Drugs

A Communication Manual for Parents

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Written and compiled by Dennis R. Cludi

WARRENSBURG-LATHAM CU #11
Box 247
Warrensburg, Illinois 62573

Phone (217) 672-3531

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901 South 2nd Street
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CHAPTER ONE

AN OVERVIEW OF THE PROBLEM

You're a mother, a father, a parent with a teenage son or daughter. It's a weekend night, or any night, and you're waiting up; your kid was supposed to be home hours ago and you're beginning to wonder, again.

You know kids drink and do drugs, or some do; your own kids drink, you know that, too. You worried because you figure there's a fair chance your kid has been drinking tonight, and unless he's wrecked the car, unless she's wrecked the car, unless---don't, you tell yourself, hey, it's ok--kids are kids, which doesn't help at all, because this kid happens to be your kid and if your kid has been drinking.....

Trust me, the kid says, I can handle it, I'm not like other kids, I don't drink to get drunk, I know when I've had enough, I know when to say no more, thanks. Trust me, I don't drink and drive.

Or your kid will look you straight in the eye and say--you drink and drive, why shouldn't I drink and drive? You say, we're not talking about me, we're talking about you; you say, I'm an adult and you're not. But it doesn't make a lot of difference, because the kid's got a point: not that he'd admit it, not that she'd admit it, and not, now that you think about it, that you'd admit it either, but the kid's growing up and following in your footsteps. Some of them anyhow.

Look you say, you could wreck the car, kill yourself, or somebody else, or hurt yourself, or somebody else. You could wind up in jail. All true.

And so could you.

Trust me, you say, I know what I'm talking about. The message is don't drink and drive, and please listen to me, I love you. I know what I'm talking about here, the message is don't drink and drive, the message is don't drink and drive..... Who said that? Hello, am I talking to myself?

Your mind begins to wander, you doze off, you wake with a start, there's a car pulling into the driveway, headlights sweep the dark room where you wait. You've been holding your breath, you relax, you feel like a balloon going down. At the same time you feel the anger begin to build in your chest, real anger, you scared me, you kept me up.

Here comes the kid. She's been drinking. He's been drinking. You can smell it.

You wish there was a magic formula, never mind how foolish it sounds, or a magic wand, anything to make your job easier, make this kid understand the truth you're trying to tell, the message you have to deliver: don't drink and drive.

You're talking to yourself now: don't drink and drive. You're talking to yourself, but you're talking to your kid too. Don't drink and drive. Here comes the kid. Don't drink and drive, and please listen to me, I know what I'm talking about. I love you.

* * *

Does any of this sound familiar? Have you been in this situation? Have you found the way to get your message across? If you have you are one of the lucky parents. Most are having problems communicating with their kids.

In chapter two we will be giving you very detailed information you should have available to understand more fully about the overall drug problem that is being faced by today's young people. Alcohol, as we point out in chapter two, is a drug. So as you read through chapter two keep alcohol on an equal level with the other drugs being discussed.

In chapter four of this booklet we will be giving you suggestions of ways that you can discuss and talk and most importantly, LISTEN to your teenagers about drinking and driving and drugs. We hope these tips will help you on the way to solving a very common problem with drinking and driving and drugs.

In other sections we will be giving you places to write or call for other information to help in your quest to build the best possible life environment for your children. Please take advantage of the wide variety of agencies and materials available to help you as parents raise the best possible young people ever.

MOUNTAIN EDUCATION

There is a 14 minute animated movie distributed by FMS Productions, Inc, 1777 North Vine Street, Los Angeles, California 90028 (800 421-4609) that is narrated by Dick Van Dyke that every teacher, parent, student, and administrator, should see. It is called "THE MOUNTAIN." It is about a small rural community like many of ours, BUT, it is nestled alongside a large mountain. Being a typical small community, leisure activities are limited, so for lack of anything better to do, the citizens, young and old alike, climb "the mountain."

THE PROBLEM: People keep falling off the mountain and getting hurt.

THE NEXT PROBLEM: The citizens demand "something be done" to keep people from falling off the mountain and getting hurt.

SOLUTION: In typical American fashion, the town council met and decided to pass a law making it illegal to climb the mountain and to build a fence around the mountain. Legislate the public's safety.

The fence (complete with guard towers) was built and as you might well expect people went over it, under it and through it to climb the mountain and they just kept getting hurt.

The public was angry---something had to be done. Then came the solution of the upper class professionals of the community. If we can't legislate people off the mountain, let them climb it, but build several first aid stations on the mountain to help those that get hurt. It wasn't long after the first aid stations were built that people were standing (or laying) in line to get medical treatment for their injuries. The hospitals were full. The number of injuries had gone up. The problem was getting worse.

The public became outraged and when the public gets outraged you know who gets blamed---the schools. The schools weren't teaching the kids about the mountain. The school board members, being responsive elected officials, met and adopted a curriculum of "Mountain Education." They gave the kids all the facts about the mountain; all the boring facts. They showed films of people falling off the mountain. They showed them crippled, injured bodies. They tried to scare the daylights out of the kids. The kids were sitting in the classes saying all the classic things like:

"My dad climbed the mountain when he was a kid and he never got hurt."
"It's traditional to climb the mountain."
"What's up on that mountain that they don't want us to see?"

And the kids kept climbing up the mountain and falling off the mountain and getting hurt. "Mountain Education" was a failure.

Finally all the groups of people in the community got together and decided that the problem wasn't the mountain after all, but the people of the community and their various lifestyles were the problem. The mountain was neither bad nor good---just there. They were going to somehow learn how to live with the mountain.

Alternative activities seemed to be the answer. The whole community worked together to develop community projects, athletic teams, concerts, gardening and beautification projects just for starters

AND

for those people that still wanted to climb the mountain, they developed safe paths to climb, made safe climbing equipment available and trained people how to use it and in general taught proper safety respect for the mountain and all the dangers it presented.

Soon the number of injuries was going down and the people had found a whole new way of life. Success had come from working together to develop alternative choices of things to do and ways to behave.

This is the approach we use in our schools to decrease the drug problems (we consider alcohol a drug problem). Warrensburg-Latham CU #11 was fortunate to receive a Federal Grant to pay all expenses for 10 staff members to attend a 10 day training workshop in drug and alcohol prevention in Chicago, Illinois. The workshop was conducted by the Region V Office of Education of Chicago.

The Region V approach to prevention is simply to develop alternative choices for students doing drugs rather than the typical, "no you shouldn't do that" type of approach. We were exposed to a dozen or more trained experts in the field for 10 straight days (including weekends) and inundated with print materials and teaching techniques that would lead to allowing students that "do drugs" to make some alternative choices.

During the 10 days we seldom heard much about drugs and how to stop people from using them. We heard research on why people do drugs and what the usual consequences were of doing drugs. We were given some factual information to use and some scare material to use, but mainly techniques of working with kids to help them understand how to develop alternatives to doing drugs--alternatives that would give them the same pleasurable sensations that they get from using drugs. How to get "high" on themselves and "high" on things other than drugs.

Some of the sensations people get when they do drugs is the feeling they can control time, speed it up or slow it down, they think they can smell better and hear better. They think food tastes better and so on. When you think of something that can give you the same sensations, consider for example, being in love-----

"gosh, that girl is a real doll"
"that guy is a real hunk"
"I can't wait for him to pick me up. Time isjust dragging by"
"I can't believe it is already time to go home"
"That music tonight really sounds great"
"This pizza tastes better than any I've ever eaten"

These are just a few things that happen on dates. Those are pleasurable sensations and feelings that are far superior to the highs kids get on drugs. The same sensations can be gotten by some people by meditating, fasting, hard physical exercise, viewing spectacular natural wonders such as the Grand Canyon, etc. We need to have an arsenal of things like this to offer to students as alternatives to drugs.

We were taught how to use counseling to develop alternative behaviors, how to use contracts with students to force certain types of behaviors, how to read facial and eye movements to detect sincere or phony responses or accuracy of certain items being discussed, when to talk to students and how to listen. Yes, I said--how to listen!!

We have written a Kindergarten through 12th grade action plan that includes community projects, social activities, parent involvement, curriculum revisions and updates, assembly programs, ways to build self-esteem, etc. We know where to look for materials to use and new techniques to use; things that would be available for low or no cost at all.

We feel we are making significant progress in decreasing drug use in our buildings. We have used all the techniques and methods taught to us: The research approaches, the fact blitz, the scare tactics, the assembly programs, the subtle inclusion of drug conversation into many different classes. We are interjecting information at all grade levels from K-12--always with the approach of showing the better ways to feel "high" rather than the <u>don't do that</u> approach. We are showing them new ways to get the same pleasurable sensations that using drugs produces.

We have used all types of speakers and assembly programs, we have planned family night activities, we have community projects underway, we have before school exercise and athletic programs, we have evening exercise programs, we have built an entire library of current materials for staff, students and parents to use.

When serious discipline problems involving drinking or drugs occur, we have the parents come in for a conference and we give them the option of volunteering to participate in non-school professional family counseling in return for us not turning the matter over to local authorities or not recommending disciplinary action by our board of education.

We use local family clergymen to come to school and work with parents and students that have problems. We are using the "Systematic Training for Effective Parenting" (S.T.E.P.) program. This is a 9 week, 2 hour/week class for parents to learn how to be better parents by communicating better with the kids. We sometimes make this a required action of parents who have students that are causing discipline problems at school. We feel strongly that the parents must be actively involved in their child's problems.

Spend time with your children. Go places, do things together--as a family. We differentiate between <u>time</u> and <u>quality time</u>. You can spend ten hours together on a weekend sitting in the same room with your children without saying a word to each other. This is <u>time</u>. <u>Quality time</u> is spending maybe only thirty minutes or an hour going for a pizza, to a movie, taking them skating or just listening to their feelings and ideas. Yes, even young people have ideas worth hearing.

We feel our approach is a philosophical one rather than just a "preaching and teaching" approach. Having an "I CARE" and "I LOVE YOU" approach we feel is the key to solving many of the problems our young people face at home and at school.

We are committed to the "CATCH A KID DOING SOMETHING GOOD" concept. Also relevant is the quote shown from Henry A. Taitt---"Tell a child WHAT to think, and you make him a slave to your knowledge; Teach him HOW to think, and you make all knowledge his slave."

The key to solving some of the problems is communicating--when to talk, when to listen, how to listen, what facts to know, etc. Most importantly, not to be afraid to say "NO" and make it stick. Young people won't object to be told no or disciplined if they know itis done fairly, consistently and with "Love."

This is best illustrated by a cartoon done by Bil Keane of THE FAMILY CIRCUS. His cartoon is being reprinted here courtesy of the REGISTER & TRIBUNE SYNDICATE. We feel it says it all.

All we ever hear about are the bad things the kids are doing. The fact is that most of them are doing very good things. We just never get the word out. We let the negative news dominate the headlines. We are producing the best young people that have ever been produced. Let's let everyone know it. It will take cooperation from the community, parents, and schools, but it can be done. You don't have to be an expert to solve problems of today's young people; you only have to be involved.

When is the last time you told your children "I Love You?"

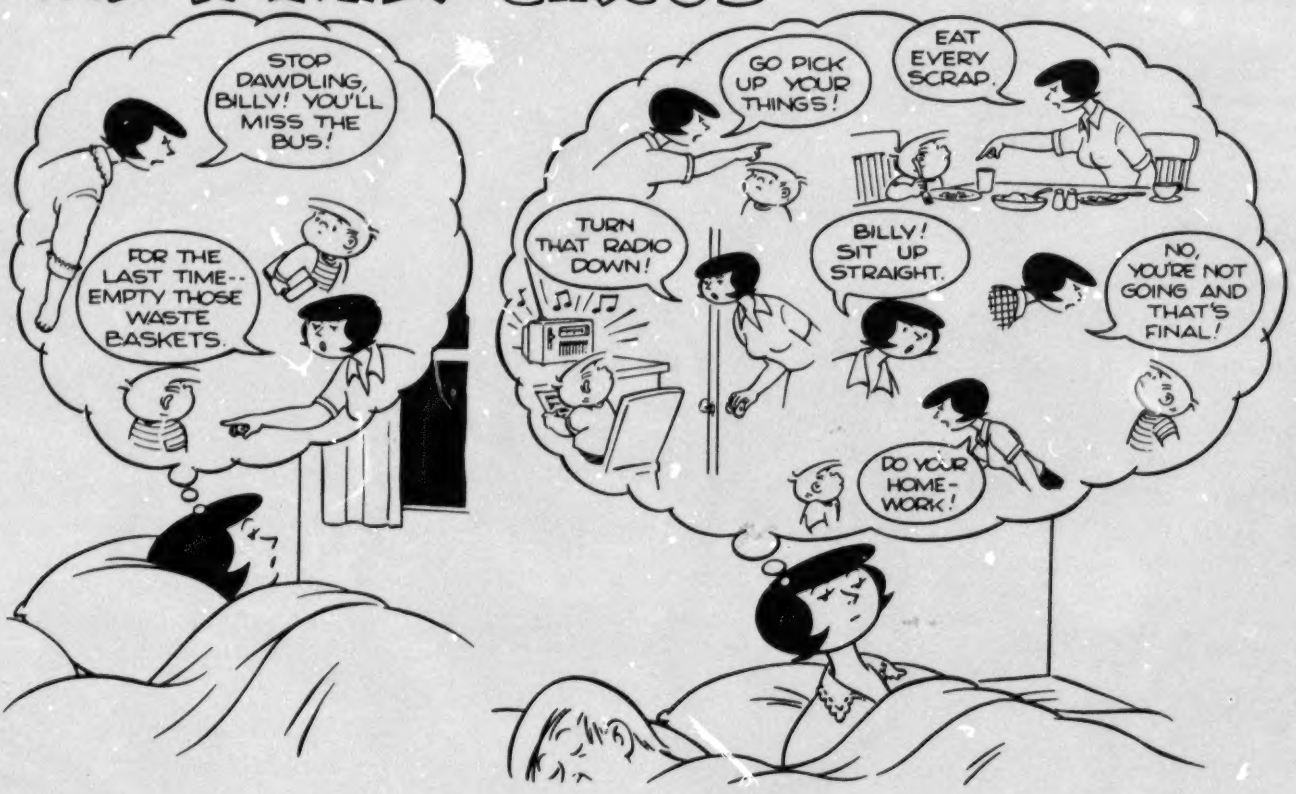
Warrensburg Latham High School

CATCH A KID DOING SOMETHING GOOD!!

Tell a child *what* to think, and you make him a slave to your knowledge. Teach him *how* to think, and you make all knowledge his slave.

—Henry A. Taitt, 1982

THE FAMILY CIRCUS®


STOP DAWDLING, BILLY! YOU'LL MISS THE BUS!
FOR THE LAST TIME-- EMPTY THOSE WASTE BASKETS.
GO PICK UP YOUR THINGS!
EAT EVERY SCRAP.
TURN THAT RADIO DOWN!
BILLY! SIT UP STRAIGHT.
NO, YOU'RE NOT GOING AND THAT'S FINAL!
DO YOUR HOME-WORK!

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By Bil Keane

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CHAPTER TWO

DRUG & ALCOHOL ABUSE

The problem of drug and alcohol abuse among young people is growing. For the first time parents are faced with a problem about which they know little or nothing. It is a fact that children today know more about drugs and alcohol than their parents do. As a result parents are often forced to wage the war against substance abuse with incorrect or sketchy information.

Unfortunately, there are no simple, clear-cut ways to cope with the problem of substance abuse. The focus of the Parent's Guide to Drug and Alcohol Abuse is on prevention - stopping the problem before it starts. Good communication between parents and children is the most effective means of preventing drug and alcohol abuse.

To get started on helping you understand the problem, here is a list of helpful definitions:

DRUG: A substance intended for use in or on the body which produces any change in physical functioning or mental abilities.

ABUSE: Using anything for other than the original purpose or use of anything which results in the physical harm of the user.

PREVENTION: To keep something from happening.

COMMUNICATION: A process by which information is exchanged between individuals through a common system of symbols, signs, or behavior.

EARLY INTERVENTION: To come between events with the intention of changing or altering the expected course of events.

HABIT: A behavior pattern acquired through repeated use or exposure characterized by frequent and possibly involuntary repetition. (Not the same as ADDICTION.)

TOLERANCE: Ability to endure the effects of substances in the body without any noticeably physical change, characterized by the need for larger amounts to get the same physical feelings. (see ADDICTION)

ADDICTION: Physical need for anything characterized by TOLERANCE (see below) and by physical illness when the addictive substance is withheld. (NOT the same as HABIT.)

TREATMENT: To act in a way that would improve or alter undesirable behavior or conditions.

SYNTHETIC: Artificially made. Not a natural substance.

DETECTING DRUG ABUSE

CAN YOU TELL IF YOUR SON OR YOUR DAUGHTER IS "HIGH"?

There is no sure-way to detect if your youngster is using or abusing drugs or alcohol. Very simply, there are thousands of physical symptoms and combinations that can indicate drug and alcohol abuse. Many common physical symptoms associated with drug or alcohol use are typical of other medical conditions. You, the parent, probably do not have the medical or nursing skills necessary to make this decision. Therefore, in this book we are providing a chart of common drugs and major symptoms. If your child has symptoms which you are concerned about, we advise you to call your family physician for advice.

As a parent, you are an expert on your youngster's behavior patterns. You have watched them grow and change and have a better idea of what is "typical behavior" for your youngster than anyone else. By observing your youngster's behavior you will better able to detect drug or alcohol use. Keep in mind that your youngster's behavior can be looked at through three areas of his/her life. These three areas are: FAMILY, PEER, and SCHOOL.

FAMILY RELATIONS: Life includes how your youngster interacts and responds to you, the parent, his brothers and sisters, and maybe even the family pet. It includes how he accepts his responsibilities around home and how he accepts your guidance.

PEER RELATIONS: About your youngster's friends and acquaintances. It includes how he interacts with them, who he interacts with, and how he spends his time with them. It also includes how his friends sometimes interact with you, and what your youngster tells you about his friends.

SCHOOL LIFE: Includes how your youngster gets along in the school environment. It takes into account attendance, discipline issues and interactions with teachers. It also includes other school personnel, and your youngster's general attitude and performance.

In some instances it is difficult to tell which of the three areas a particular behavior or chain of behavior falls into: family, peer or school. Many times it will include all three areas. We offer you these three areas as a tool to use in assessing your youngster. As we mentioned, the key is patterns of behavior. Subtle or overt changes in behavior patterns are "indicators." They can indicate growth. They can indicate problems.

They many indicate very normal signs of adolescent growth and maturation. Behavior changes are signals for you to increase communication with your child.

Let's take an example. Your youngster typically is a B student, popular and outgoing with classmates. Generally very responsible around home. Over a 4-month span of time you notice that her grades have fallen to D's and C's, she tends to withdraw to her room in the evening, (and seldom goes out anymore with long-time friends.) You have observed these behaviors. What could the problem possibly be? And where do you go from here?

First of all, we suggest communication. Try talking with your youngster. Call the school and talk with a counselor. If problems seem to center around family and friends, contact your minister and ask him for counsel. If you have a nagging hunch and suspect drug abuse (because of comments made by school personnel, or brothers and sisters, or perhaps because of subtle physical symptoms), call an area Drug Council and ask for their assistance. Whatever you do, don't isolate yourself. There are people all around you ready to help and advise. Your youngster's problem could be depression: could be a drug or alcohol problem or could be as simple as an adolescent problem with a boy friend.

Try to understand that drug abuse can sometimes be very simple and can sometimes be very difficult to detect. Drug abuse, itself, is usually only a symptom of an underlying emotional or psychological problem. Also keep in mind that what we, as adults, see abuse that is viewed many times by your youngster as typical behavior engaged in by "everybody else".

Very briefly, the best way to prevent drug or alcohol abuse is by an open sharing of love for your youngster. This can lead to positive self attitude.

The best way to detect drug or alcohol abuse is through observation of behavior and good communication between parents and child.

CHART OF COMMON DRUGS AND MAJOR SYMPTOMS

In this section we are giving you a chart of common drugs and major symptoms.

It is important to keep in mind that this chart is only a guide. Since individual reactions to drug and alcohol depend on personality and surroundings as well as on the type of drug taken, it is impossible to develop a drug chart that is 100% accurate. This chart is made available by the staff of the Drug Coordination and Information Council, Joliet, Illinois.

In the next section we will deal with how the problem of drugs can be stopped before it starts.

1. DEPRESSANTS — "DOWNERS"

DRUG NAME	SLANG NAMES	OFTEN PRESCRIBED BRAND NAMES	USUAL METHODS OF ADMINISTRATION	PHYSICAL	PSYCHOLOGICAL	MEDICAL USES	POSSIBLE EFFECTS	WITHDRAWAL SYNDROME
ALCOHOL	BOOZE, JUICE		SWALLOWED	HIGH	HIGH	ANESEPTIC APPLIED LOCALLY	IMPAIRED MOTOR COORDINATION, & JUDGEMENT, DECREASED AHN, RELAXED INHIBITIONS, INCREASED APPETITE SLURRED SPEECH, DISORIENTATION, DRUNKEN BEHAVIOR, ALSO [illegible] LS.	ANXIETY, INSOMNIA, TREMORS, DELIRIUMS, CONVULSIONS, POSSIBLE DEATH DEPRESSION
BARBITUATES	BARBS, DOWNS, BLUE DEVILS, YELLOW JACKETS	AMTYAL, BUTISOL, NEMBUTAL, PHENOBARBITAL, SECONAL, TUINAL	SWALLOWED, INJECTED	HIGH	HIGH	ANESTHETIC, ANTI-CONVESANT SEDATION, SLEEP		
TRANQUILIZERS	TRANGS, VITAMIN L	VALIUM, LIBRIUM MI[illegible]N SERAX, TRANXENE, EQ[illegible]NIL	SWALLOWED	MODERATE	MODERATE	ANTI-ANXIETY, MUSCLE RELAXANT, SEDATION		
METHAZUALONE	LUDES, 714's	QUAALUDE, SOPOR, PAREST OPTIMIL, SOMNAFAC	SWALLOWED	HIGH	HIGH	SEDATION, SLEEP		
TOBACCO		NONE	SMOKED, CHEWED	HIGH	HIGH	NONE		

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2. STIMULANTS — "UPPERS"

DRUG NAME	SLANG NAMES	OFTEN PRESCRIBED BRAND NAMES	USUAL METHODS OF ADMINISTRATION	PHYSICAL	PSYCHOLOGICAL	MEDICAL USES	POSSIBLE EFFECTS	WITHDRAWAL SYNDROME
AMPHETAMINES	BENNIES, PEXIES, SPPED UPS, PEP PILL, WHITE CROSSES, BLACK BEAUTIES	BENZEDRINE, DESOXYN, DEXEDRINE, BIPHETAMINE	SWALLOWED, INJECTED	POSSIBLE	HIGH	HYPERKINESIS, NACROLEPSY, WEIGHT CONTROL	INCREASED ALERTNESS, EXCITATION, EUPHORIA, DILATED PUBILS, INCREASED PULSE RATE, AND BLOOD PRESSURE, INSOMNIA, LOSS OF APPETITE	APATHY, LONG PERIODS OF SLEEP, IRRITABILITY, DEPRESSION, DISORIENTATION
PHENMETRAZINE	UPS, PEP PILLS	PRELUDIN	SWALLOWED	POSSIBLE	HIGH	WEIGHT CONTROL ANTI-DEPRESSANT		
METHYLPHENIDATE	UPS, PEP PILLS	RITALIN	SWALLOWED	POSSIBLE	HIGH	HYPERKINESIS, ANTI-DEPRESSANT		
COCAINE	COKE, SNOW	COCAINE	SNIFFED, INJECTED	S. POSSIBLE	HIGH	LOCAL ANESTHETIC		

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3. HALLUCINOGENS — "PSYCHEDELICS"

DRUG NAME	SLANG NAMES	OFTEN PRESCRIBED BRAND NAMES	USUAL MEDHODS OF ADMINISTRATION	PHYSICAL	PSYCHOLOGICAL	MEDICAL USES	POSSIBLE EFFECTS	WITHDRAWAL SYNDROME
LSD	ACID, MICRO DOTS, BLOTTER, MR. NATURAL	NONE	SWALLOWED	NONE	YES, DEGREE UNKNOWN	EXPERIMENTAL ONLY BUT NOT IN THE UNITED STATES	HALLUCINATION AND ILLUSIONS (VIVID CHANGES IN COLORS & FORMS) DISTORTED SENSE OF TIME, PLACE, AND IDENTITY	NO WITHDRAWAL SYNDROME REPORTED
PSILOCYBIN	MUSHROOMS	NONE	SWALLOWED	NONE	YES, DEGREE UNKNOWN	NONE		
MESCALINE	MESC, PEYOTE, CACUTS	NONE	SWALLOWED, INJECTED	NONE	YES, DEGREE UNKNOWN	NONE		
MDA	"LOVE DRUG"	NONE	SWALLOWED, INJECTED, SNIFFED	NONE	YES, DEGREE UNKNOWN	NONE		
PCP	ANGEL DUST, THC, TIC-TAC, CANNABINOL	SERNYLAN	SWALLOWED, INJECTED, SNIFFED, SMOKED	YES, DEGREE UNKNOWN	YES, DEGREE UNKNOWN	VETERINARY ANESTHETIC		

4. CANNABIS

DRUG NAME	SLANG NAMES	OFTEN PRESCRIBED BRAND NAMES	USUAL MEDHODS OF ADMINISTRATION	PHYSICAL	PSYCHOLOGICAL	MEDICAL USES	POSSIBLE EFFECTS	WITHDRAWAL SYNDROME
MARIJUANA	POT, REEFER, JOINTS MARY JANE	NONE	SMOKED, SWALLOWED	NONE	MODERATE TO HIGH (VARIES)	GLAUCOMA TREATMENT AND AS AN ANTIEMETRIC FOR CANCER PATIENTS RECEIVING CHEMOTHERAPY	EUPHORIA, RELAXED INHIBITIONS, INCREASED APPEITIE, GIDDINESS, DISTORTED BEHAVIOR	INSOMNIA, HYPERACTIVITY, DECREASED APPETITE
HASHISH	HASH	NONE	SMOKED, SWALLOWED	NONE	MODERATE TO HIGH, (VARIES)	NONE		
HASH OIL	HONEY, HONEY OIL	NONE	SMOKED	NONE	MODERATE TO HIGH (VARIES)	NONE		

5. INHALANTS

DRUG NAME	SLANG NAMES	OFTEN PRESCRIBED BRAND NAMES	USUAL METHODS OF ADMINISTRATION	PHYSICAL	PSYCHOLOGICAL	MEDICAL USES	POSSIBLE EFFECTS	WITHDRAWAL SYNDROME
ORGANIC SOLVENTS	EXAMPLES INCLUDE: GASOLINE, AIRPLANE GLUES, PAINT THINNER & SOME AEROSAL PROPELLANTS	NONE	INHALED	MODERATE	HIGH	NONE	SIMILAR TO BEING DRUNK, EUPHORIA, GIDDINESS, DIZZINESS	NO WITHDRAWL SYNDROME REPORTED
NITROS OXIDE	LAUGHING GAS, N20	NITROUS OXIDE	INHALES	NONE	POSSIBLE	ANALGESIC (FOR MINOR SURGERY)		
AMYL/BUTYL NITRATE	POPPERS, SNAPPERS, RUSH LIQUID INCENSE, LOCKER ROOM	ASPIROLS, VAPORAL	INHALED	NONE		CONTROLS HEART SPASM (ANGINA PECTORIS)		

6. NARCOTICS "OPIATES"

DRUG NAME	SLANG NAMES	OFTEN PRESCRIBED BRAND NAMES	USUAL METHODS OF ADMINISTRATION	PHYSICAL	PSYCHOLOGICAL	MEDICAL USES	POSSIBLE EFFECTS	WITHDRAWAL SYNDROME
HEROINE	H, HORSE, JUNK, SCAG, BROWN SUGAR	NONE	INJECTED, SNIFFED	HIGH	HIGH	NONE	EUPHORIA, DROWSINESS, RESPIRATORY DEPRESSION, CONSTRICTED PUPILS	WATERY EYES, RUNNY NOSE, YAWNING, LOSS OF APPETITE, IRRITABILITY, TREMORS, PANIC, CHILLS, SWEATING, CRAMPS, NAUSEA.
MORPHINE	M, WHITE STUFF	MORPHINE	INJECTED, SMOKED SNIFFED	HIGH	HIGH	ANALGESIC		
CODEINE	SCHOOL BOY	CODEINE	SWALLOWED, INJECTED	HIGH	HIGH	ANALGESIC ANTI-TUSSIVE		
OPIUM	BLACK TAR	DOVER'S POWDER,	SWALLOWED, SMOKED	HIGH	HIGH	ANALGESIC, ANIT-DIARRHEAL		
METHADONE	DOLLY	METHO DOSE, DOLPHINE, METHODONE	SWALLOWED, INJECTED	HIGH	HIGH	ANALGESIC HEROINE SUBSTITUTE		

CAN WE STOP THE PROBLEM BEFORE IT STARTS

Prevention is a familiar idea---stopping the problem before it starts. It is widely used in the health field: preventive medicine, preventive dentistry, etc. Prevention is popular because it works. The old saying that an ounce of prevention is worth a pound of cure is still true, especially for drug abuse.

Drug abuse prevention is an ongoing process. This means that it requires constant attention and practice. Prevention is not something that can be done once and forgotten.

Drug abuse prevention simply means helping young people to develop personal strengths and values. These values can help to reduce the chance that they will hurt themselves by misusing drugs or alcohol. Prevention doesn't have to be a formal program. Prevention is everything that parents do to encourage the development of positive self-images in their children.

Although kids may experiment with drugs as a result of peer pressure, people generally use drugs to change the way they feel. The changes in feeling that accompanies drug or alcohol use are sometimes more desirable than the feelings that are associated with being straight.

Adolescence is a period of adjustment and growth. Young people often suffer from feelings of awkwardness and low self-esteem. Using drugs or alcohol is one way to escape these negative feelings. Parents can help prevent drug and alcohol abuse in their family by helping their children develop positive attitudes and values. These are some of the things that most people, especially young people need as they grow:

1. Love and affection from important adults in their life.
2. Consistent and fair discipline.
3. The opportunity to express their feelings and thoughts.
4. Tolerance for mistakes.
5. Opportunities for successful and interesting experiences at home, in school, and within the community.
6. Accurate information about all of the problems of growing up today: drugs, sexuality, crime, and other areas of which young people may be ignorant and fearful.
7. Accurate and unbiased information about drugs and alcohol is an important part of prevention.

Understanding a problem is a key part in being able to solve the problem. In order to make informed choices about the use of drugs or alcohol, kids need to have a solid base information.

The information need not be explicit. Parents don't have to bring home cocaine in order to teach their kids about drugs. Parents should, however, be prepared to answer questions about drugs openly, honestly, and non-judgmentally.

This kind of information sharing is a good way to open channels for communication between parents and children, and good communication is important in preventing drug and alcohol abuse. It can be the door to developing skills (such as decision making abilities) that kids need. Self-help books that help you learn to communicate with your child are available at the library, school, and hundreds of sources listed later in this book.

WHAT PARENTS SHOULD KNOW ABOUT TREATMENT

FOR DRUG & ALCOHOL ABUSE PROBLEMS

What parents should know about treatment for Drug & Alcohol Abuse Problems:

DEPRESSANTS (DOWNERS): Alcohol is a depressant. In fact, the California Medical Association says "alcohol abuse is the most serious form of drug abuse in our society today." Millions of families are adversely affected and disrupted by alcohol-abuse. Billions of dollars are lost to our economy due to drinking problems. It is sad that people start drinking at younger ages, and the younger you start drinking, the more likely it is that you will have a drinking problem later on in life.

When used properly and responsibly, alcohol is a socially acceptable recreational drug.

Barbiturates, along with tranquilizers and methaqualone drugs, are commonly referred to as "downers". Barbiturates depress the central nervous system, thereby slowing down many body functions for example the heart beat and respiration. Never mix barbiturates with alcohol or tranquilizers. When these substances are mixed, they produce a reaction that is greater than the sum of both substances (called "synergism"). This is the major cause of accidents: overdose.

The extensive abuse of tranquilizers, by everyone from housewives to businessmen, has been well publicized.

For many people depressant drugs become a substitute for alcohol. (A drink in pill form). It is not uncommon for a child to sneak a few of these pills from a parent's prescription.

Tobacco is a difficult drug to classify. It is only minimally psychoactive, and it is primarily mentioned here because of the definite health hazards associated with its use.

STIMULANTS (UPPERS): Stimulants do exactly what the name implies: they stimulate the central nervous system. The most often used stimulants belong to the amphetamine family. They come in many forms and have even more nicknames. Usually obtained illicitly, they are used and abused by many different people for as many different reasons, from truck drivers and college students who take them to stay alert and awake to housewives who take them to diet. Methamphetamine ("speed", "crystal") is a similar drug that is also available and abused in this area.

Cocaine has become the "status" drug of today. It is made from the leaves of South American coca bush. Legally, it is still treated much like heroin. In reality, the two drugs cannot be compared. Habitual users can develop a psychological addiction. Continued snorting can damage the nasal membrane. It is always very expensive and inexperienced users are often ripped off.

The chart we gave you in the last section is far from complete. Since it would take more than this supplement to list and describe all of the drugs that could be potentially abused, we have selected those drugs that are most commonly used and abused. We listed only a few of the current "slang" terms, since they change from day to day. There is no quality control for "street" drugs; what is bought may be called one thing by a dealer (pusher) and might actually turn out to be something else, something dangerous. Below we offer a brief description of the major categories of illicitly used drugs.

HALLUCINOGENS (PSYCHEDELICS): Hallucinogens are popular with users for the ways in which they alter perception. The use of hallucinogens is called "tripping". A great deal of mythology has been built around hallucinogen use in recent years. For example, LSD does not cause permanent genetic damage. There are no known LSD overdoses. While little physical damage is done to the body by the hallucinogen's biochemical actions, there is a real danger that a user's possible bizarre behavior while under the influence could lead to some type of injury. Synthetic psilocybin and mescaline are almost never available in this area (organic psilocybin and mescaline are rare also). They just cost too much to make. It always ends up being weak acid, possible cut with PCP (or even strychnine). The last few years has seen a resurgence of LSD use among adolescents in this area.

PCP is most often categorized as a hallucinogen, but it could be more accurately described as a type of "anesthetic". Many experienced drug users avoid the drug because of its impredictability. It is a drug that controls you; not a drug you control. The dangers involved with its use are very real: psychosis, freakouts, memory lapses, and violent episodes.

CANNABIS: The debate rages on. Is or isn't marijuana a health hazard? The experts can't seem to agree. It is beginning to appear as though there are some health risks involved with marijuana use. There are definite legal risks.

While someone who smokes marijuana is more likely to experiment with other drugs, the majority of pot smokers don't graduate to other drugs. More adolescents smoke marijuana than don't. More people are smoking marijuana (and of a "higher" quality) than ever before.

THC (delta-9-tetrahydrocannabinol) is the most active ingredient in marijuana. THC is not available in its pure form. Anything sold as THC almost always turns out to be the potentially dangerous PCP.

INHALANTS: The abuse of organic solvents, "glue sniffing" is a real health hazard. It enjoys a certain popularity among children in the Joint area. It is a difficult problem in that most households have organic solvents stored somewhere. They generally can be purchased anywhere, and they are inexpensive and abuse may lead to kidney, liver, lung, and brain damage. Accidental deaths (usually from suffocation) are not uncommon.

NARCOTICS (OPIATES): Most narcotics are processed from the head of the opium poppy. They are prescribed for the relief of pain, sedation, and sleep. Heroin is never prescribed, and it is only available illicitly. It was originally developed as a cure for morphine addiction. Methadone was developed as a cure for heroin addiction. Although methadone is addicting, withdrawal from it is not as severe as from heroin.

The risks of heroin addiction have been well publicized. The health risks come primarily from the adulterants used to cut the drug (poisoning). Blood borne infections such as hepatitis, transmitted with "dirty" needles are also common problems. The devastating effects on the addicted individual and society come from the life style which addicts are forced to live in order to maintain the high price of their habit.

The problem of drug and alcohol abuse does exist in nearly every community. Agencies designed to treat drug and alcohol abuse problems differ on philosophies of treatment, but all agree the problem should be treated. First with prevention, later with treatment once the problem is identified as real.

It is important to remember that in spite of social norms, most forms of recreational drug use are illegal. This means that for adolescents, drinking alcohol is just as illegal as smoking marijuana. Parents should discuss the illegal aspects of drugs and alcohol use with their children. Information regarding drug laws and penalities for use and possession can be obtained from local law enforcement agencies. Information is also available from the legal aid societies and from self help books which can be found at your local libraries or book stores.

As parents you can help to control and prevent drug and alcohol abuse by reporting suspected sources of supply to law enforcement officials. This does not mean that you should report your son or daughter, or their friends, to the police if you find that they are using drugs. It does mean that, as parents, you should be aware of unusual or suspicious events or persons.

If you think an individual is involved in selling drugs or alcohol for illegal use, contact your local police. You should know that you have the right to remain anonymous if you decide to contact law enforcement officials with information about illegal drug or alcohol sales.

A word of caution to parents - the use of prescription drugs for any other purpose than the one for which they are prescribed is illegal.

TREATMENT

What do you do when you discover that your son or daughter is using drugs? You'll probably have some questions. Chances are good that you'll feel a lot of things at once - anger, hurt, confusion, anxiety. Where do you go for help? What should you do? Whom can you trust? How can you distinguish between good and bad treatment?

To help you answer these questions this section of the Parent's Guide will describe the various forms of drug/alcohol abuse treatment that are available.

WHERE DO I BEGIN?

Since you probably have some questions, it might be a good idea to begin by taking a look at those questions. Ask yourself what you're most concerned about. Is it you son or daughter's behavior that's worrying you? Do you have questions about the type of drug being used? Or are you concerned about the way your family is reacting to the drug or alcohol abuse problem?

Asking yourself questions about the nature and extent of the problem can help you to decide what kind of treatment is best for your family. Spend a few minutes by yourself and do some soul searching. Your honest responses to some of your initial feelings are important. You don't have to tell anyone else how you answered your questions. Use your answers to give yourself a sense of direction when you decide to seek treatment.

WHAT NEXT?

When you think about where to go for help or whom to call for advice you should consider:

TRUST: Do you trust the person or place you are planning to contact?

COMFORT: Are you comfortable discussing your problem with this person?

KNOWLEDGE: Do you think that they know how to help you?

PLACES TO GO

Drug Abuse Services Decatur Mental Health Center - 877-8613
2300 North Edward

Macon County Sheriff's Office - 424-1311

Al-Anon Family Group - 423-8214
260 E. Wood

Alcoholism Council of Decatur - 877-52[illegible]3

Alcoholism Services Decatur Mental Health Center - 877-8613
877-7435
Macon House - 423-7079

St. Mary's Hospital Alcoholism Treatment Program - 429-2963

Decatur Memorial Hospital - 877-8121

Dept. of Children & Family Services - 875-4540

Ryerson Center - Springfield, IL - 544-3396

Sangamon Menard Alcoholism & Drugs Council - Springfield, IL - 544-9858
544-3396

AIDS - Springfield, IL - 789-2437

Phoenix 7 Drug Program - Springfield - 522-6402
544-3396

Logan County Sheriff's Office - 732-2156
Lincoln, IL

Logan County Health Department - 735-2317
Lincoln, IL

Logan Mason Mental Health Center - 732-2161

ALL INFORMATION GIVEN TO THESE AGENCIES, IS, <u>BY LAW</u>, COMPLETELY CONFIDENTIAL.

If your son or daughter has only experimented with drugs a few times, or if you are just seeking information, informal helpers are a good place to begin. Some examples of informal helpers are: your family doctor, your minister, a local hotline, school counselors, or friends.

Informal helpers can be especially helpful when you can't decide if a problem really exists. Getting an unbiased opinion on the situation can help to clarify things. Informal helpers are also good sources of referral when you've identified a problem but don't know where to turn or whom to trust. You'd be surprised at how many people who have had similar problems. Anyone who has been through the experience will probably be glad to share information.

What if you've already identified the problem and are now looking for a drug or alcohol abuse treatment agency? If the agency you've contacted isn't willing to provide you with that type of information, you want to look elsewhere for help.

HOW CAN YOU TELL IF YOU'RE GETTING GOOD TREATMENT

1. Trust - Comfort - Knowledge. Do you feel comfortable WITH THESE PEOPLE? Do you trust them? Do they have the information that you need?

2. How long have they been in the community? Although all agencies must start at some point, an agency that has been around for a few years probably has developed community support and trust or else it wouldn't still be operating.

3. Is the program supported by other community groups? (United Way, for example). Financial or verbal support of a program by state, federal, or local groups is a good indication of that program's reputation in the community.

4. Is the agency licensed or approved by a state or federal agency, or do they have accreditation from a private group? State and federal government provide guidelines for programs providing drug and alcohol abuse treatment. Licensure or accreditation is an indication that the agency has met the state or federal guidelines.

5. Do they insist that they have the "one and only true answer" to your problem? Since every person and situation is different, no one organization can adequately provide to every person who contacts them. A qualified treatment program will be realistic in evaluating your problem. If the agency that you have contacted cannot help you, they should be willing and able to refer you to someone who can.

6. How much does treatment through this agency cost? Most legitimate agencies have sliding fee scales and will discuss the cost of their treatment with you. Good care and treatment do not have to be expensive.

7. Is the treatment program realistic? Will the agency discuss the expected length of the treatment program with you? Most reputable agencies will develop a treatment plan or contract with each client. This contract will usually state specific goals to be reached through treatment and should give a definite time period. (The contract could be re-evaluated at the end of this period if the client requires further treatment.) Beware of agencies that are vague about the length of time that will be required for treatment.

8. Does the suggested treatment seem adequate, or too much for your problem? Some severe drug and alcohol problems require hospital detoxification, others can be treated on an out-patient basis. For example, marijuana abuse should not require hospital treatment, while a barbiturate addiction may require a medical detoxification. You should find out why a particular form of treatment has been suggested for your problem. The program you have contacted should be willing to explain why they feel the suggested treatment is indicated for your problem.

9. Does the agency that you have contacted seem willing to work with other programs to provide the best form of treatment for your problem? Some problems require more than one form of treatment. For example, a drug abusing son or daughter may need to get a High School diploma. In this case, the drug counselor may contact an agency that can provide G.E.D. classes as an aid to treatment. Legitimate treatment programs realize that they cannot provide all of the services that you may need. Federal guidelines have been established to protect the client's rights when agencies are working together. All legitimate treatment programs follow Federal Confidentiality Guidelines.

CHAPTER THREE

SOURCES OF DRUG AND ALCOHOL EDUCATION INFORMATION

Adelphi University National Training Institute
Box 403
Sayville, New York 11782
516 589-7022

Southeast Regional Training Center
1450 Mdruga Ave, Suite 406
Coral Gables, Florida 33146
305 284-5741

Region V Training Center
2 North Riverside Plaza #1460
Chicago, Illinois 60606
312 726-2485

Alcohol and Drug Abuse Education Program
US Education Dept
Washington, D.C. 20202
202 245-8156

Center for Educational Development, Inc.
6800 Park Ten Blvd
Suite 273 South
San Antonio, Texas 78213
512 736-4561

Region 8 Training and Development Center
Box 9997, Mills College Station
Oakland, California 94163
415 632-3775

National Data Base and Program Support Project
UNIVERSITY OF MASSACHUSETTS, School of Education
Hills House South #466
Amherst, Mass 01003
413 545-2844

The Association of Labor-Management Administrators & Consultants on Alcoholism
1800 N. Kent Street
Suite 907
Arlington, Virginia
703 522-6272

National Council on Alcoholism, Inc.
733 3rd Ave
New York, NY 10017
212 986-4433

Alcoholics Anonymous
175 5th Ave, Room 219
New York, NY 10010
212 473-6200

Al-Anon Family Groups Headquarters
1 Park Avenue
Box 182
Madison Square Station
New York, NY 10159
212 481-6565

National Institute of Alcohol Abuse and Alcoholism
5600 Fishers Lane
Rockville, MD 20857
301 443-2954

National Clearing House for Alcohol Information
Box 2345
Rockville, MD 20852
301 468-2600

National Clearinghouse for Drug Abuse Information
5600 Fishers Lane, Room 10A53
Rockville, MD 20857
301 443-6500

National Congress of Parents and Teachers
700 N. Rush St
Chicago, Illinois 60611

Project Pyramid
3746 Mt. Diablo Blvd
Suite 200
Lafeyette, CA 94549

Wisconsin Clearinghouse for Alcohol and Other Drug Information
1954 E Washington Ave
Madison, Wisc 53701

National Center for Alcohol Education
1601 N Kent St
Arlington, Virginia 22209

Do It Now Foundation
Box 5115
Phoenix, Arizona 85010

National Council on Drug Abuse
571 W Jackson
Chicago, Illinois 60606

Pharmaceutical Manufacturers' Association
1155 15th St, NW
Washington, DC 20005

Hazelden Foundation
Box 11
Center City, MN 55012

The Vista Hill Foundation
7798 Starling Drive
San Diego, CA 92123

National Committee for the Prevention of Alcholism and Drug Abuse
6830 Laurel Ave
Washington, DC 20012

Prevention Resource Center
901 South 2nd Street
Springfield, IL 62704
217 787-8674
800 252-8951

This is by no means meant to be the complete list of sources, but simply a list of those that I have found to be very helpful in locating specific types of materials and resource persons. Much of the material is free and a lot at nominal charge.

Some local sources that you should be very sure to utilize:

Local and County Alcoholism and/or Drug Councils
Local Trade Unions
Hospitals
Ministerial Groups
Large Industrial Groups
Insurance Firms (Home Office Reps)
Family Service Agencies
Medical Associations and/or local Physicians Groups
Mental Health Agencies
Community Service Organizations

CHAPTER FOUR

TEENS AND AUTOS: A DEADLY COMBINATION

By a wide margin, the major public health problem for teenagers in the United States is injuries associated with motor vehicle use.

The enormity of the issue is summed up in a research study by the Insurance Institute for Highway Safety. Warnings of the sometimes tragic combination of a teenaged driver and an automobile are common. But the real story goes beyond that. Starting at the age of 13, motor vehicle passenger death rates per capita climb sharply compared to passengers of other ages. Motor vehicle related fatalities are suffered by teenagers at more than twice the rate that would be expected on a population basis. According to one institute study, more than 7,000 teenagers lost their lives in passenger car crashes in 1978.

TEEN PASSENGER TOLL IS HEAVY, STARTING AT AGE 13

Teenaged drivers not only are more in jeopardy than drivers of other agegroups but - less well known - they also contribute substantially to the deaths of other teenagers as passengers.

A research study by Allan F. Williams and Ronald S. Karpf of the Insurance Institute for Highway Safety focuses on the deaths of teenaged passengers and includes these findings:

- Teenaged passengers show a high death rate per capita compared to passengers of other ages, the increased rates starting at 13.
- The majority of fatally injured teenaged passengers sustain those injuries in vehicles driven by teenagers.
- Deaths of teenaged passengers tend to occur in nighttime crashes, especially weekend nighttime crashes.

Deaths of teenagers as passengers and as drivers are actually about equal, the researchers reported. From 1978 data, they found that 63 percent of all teenaged passengers who are killed sustained their injuries in vehicles driven by teens. They also discovered that 72 percent of all passengers fatally injured in vehicles driven by teenaged drivers were teenagers.

DEATH RATES RISE AT 13:

Teenaged passengers account for nearly one in three of all passenger deaths in passenger vehicles, the new study reports. Passenger death rates per capita begin to rise at 13, the researchers reported, exceed driver death rates until 17, and are higher at each age from 16 to 19 than at any other time of life.

IT'S NOT AN EASY SUBJECT:

Your first reaction may be to want to avoid the subject of drinking and driving altogether. Your teenager may feel the same way. For both parents and teenagers, it can be an emotion-charged subject.

For parents: There is apt to be a natural conflict between the desire to control your child's behavior to protect him or her from harm and the recognition that some of these controls must be relaxed as children move into their teens. It can be difficult to decide how far to go in either direction.

For your teenager: The teenage years are a time of experimentation and trying out adult behavior, and both drinking and driving are expressions of independence. Young people are often under heavy pressure from their friends to drink. They are bombarded by advertising urging the use of alcohol.

Yet teenagers have mixed feelings on the subject. They want and expect their parents to talk with them about drinking and driving, according to a recent national survey. But often teens resent adult advice, particularly if they think they will simply hear "don't."

EXAMINE YOUR OWN EXAMPLE:

When it comes to "adult" behavior like drinking and driving, parents are closely copied role models for their teenagers. Before you begin to talk to your daughter or son, honestly explore your own attitudes and behavior about drinking and how they may affect your attitudes toward your child's use of alcohol. Teenagers are very alert to hypocrisy. The last thing you want is to put yourself in the position of telling your child, "Do as I say, not as I do." Here are some questions to ask yourself:

- How do I handle drinking in our home? How would my teenager describe my use of alcohol? Do I demonstrate a safe approach to drinking and driving?
- What worries me most about my teenager's drinking? Being in a car accident? Getting sick? Getting into a fight? Damaging his or her reputation? Sexual involvement? Trouble with the law?
- Under what circumstances do I think it would be OK for my teenager to drink? Not at all? Only on family occasions? Under adult supervision?
- Am I more comfortable with the idea of my teenager drinking than using other drugs? If so, why?

TALKING TO YOUR TEENAGER:

Teenagers have an amazing physical ability: they can close their ears. Most parents know that even if they can get their teen's attention, they still have to get past a "turned-off attitude" to get their messages across.

There is no "one way" to discuss drinking and driving. Each teenager, each parent, and each situation is different. But as you consider various approaches to the subject, you may find some of the following guidelines useful:

- Bring up the subject when family members are in a calm frame of mind. Make clear that you want to share ideas about drinking and driving, not make accusations or hand down ultimatums. Don't try to start the conversation when your son or daughter comes home drunk. A discussion in the morning may be more successful.

- Be honest and direct in stating your own attitudes and preferences, and what you are most concerned about.

- Set realistic goals. Most teens do drink on some occasion and most either drive or are passengers in friends' cars. To forbid either activity is unlikely to work. A more realistic approach is to help your teenager find ways to not mix drinking and driving.

- Take advantage of everyday conversations, such as discussion of news events, to follow up and reinforce important points about drinking and driving.

Frequently teenagers are defensive when talking to their parents about areas of their lives they consider private. Your first conversations may not go well. But by taking the first step, you will open the door to future discussions.

LISTENING TO YOUR TEENAGER:

Make your talk with your teenager a conversation, not a lecture. Two-way communication always works better. Young people are tired of being "taught" and feel they are old enough to make their own decisions.

Ask your teenager what he already knows about drinking and driving, what his attitudes are, and how he thinks problems can be avoided.

Listen carefully. If you can use examples from your child's personal experiences to help make your point, you have a better chance of being heard.

Here are some other guidelines for your discussions:

Be patient: Given the emotional nature of the topic and the number of issues involved, a single discussion on drinking and driving probably will not be enough. You may need to have several talks with your teenager.

Be supportive: Reinforce your discussions by showing approval when your son or daughter acts responsibly to prevent an alcohol-related accident.

Be Open: Let your teenager know that you want him or her to come to you with any future concerns about drinking and driving. Keep lines of communication open.

Making an agreement: Once you and your teenager have shared information, attitudes, and ideas about drinking and driving, consider making an agreement with him or her concerning specific ways that your family can help avoid a drinking-related accident. For example:

- To avoid being driven home by a drunk friend, can your teenager offer to drive the friend's car home?
- Can he or she ask to spend the night at the party-giver's home, as long as you are notified?
- Can your teenager call you at any hour for a ride home? If any of his or her friends also want to avoid driving home with a drunk person, will you drive them home too?
- If you are not at home or are unable to pick your child up, will you pay for a taxi to bring him or her home?

A

Contract

Between

Parent and Teen-ager

The S.A.D.D.

Drinking-Driver Contract

TEENAGER I agree to call you for advice and/or transportation at any hour, from any place if I am ever in a situation where I have had too much to drink or a friend or date who is driving me has had too much to drink.

Signature _____

PARENT I agree to come and get you at any hour, any place, no questions asked and no argument at that time or I will pay for a taxi to bring you home safely. I would expect we discuss this issue at a later time.

I agree to seek safe sober transportation home if I am ever in a situation where I have had too much to drink or a friend who is driving me has had too much to drink.

Signature _____

Date _____

Distributed by S.A.D.D.

Students Against Driving Drunk

As we have said in other sections of this booklet, we feel there is no one good approach to solving the drinking, driving, and drug problems. The fact remains they are a fact oriented society and facts have an important place in the overall picture as long as you are aware that scare tactics and the fact blitz cannot alone solve the problems.

As an example of this I will cite the example of the 1959 CBS signal two TV special that was shown. This was a time when traffic deaths were rising rapidly and CBS felt the need to deal with the problem. They made this documentary and showed all the gruesome, bloody, horrible accidents possible. As you might guess, the next year the fatality rate went down considerably. As the fatality rate began to inch back upward, they decided to show the same documentary again and this time there was no change in fatality numbers. This type of tactic is usually only effective one time.

Another thing to consider is giving too many facts. Remember the "Seven Signs of Cancer" that was highly publicized a few years ago. People were told too many things about cancer symptoms and people were running to the doctor for every little blemish and hangnail they got, thinking they had cancer.

What I'm trying to illustrate is that there is a place and a way to use facts and scare tactics, but it must be done in balance with other sensible approaches. Keeping this in mind I am going to give you many relevant statistics and facts for use as you feel are appropriate to your own situation.

A 1981 Survey done of two thousand 9th and 10th graders showed the following results:

1. 76% responding had ridden with a drunk driver
2. 75% responding had driven while drinking
3. 39% admitted driving while drunk
4. 11% had had an accident after drinking and driving
5. 4% had been arrested for DWI

Note that these are 9th and 10th graders, most of which had no driver's license.

Here are some other important facts based on national statistics:

<u>Key Facts From Literature Review</u>:

- More than 75% of the youth drink by the age of 16.
- 60% of high school seniors drink once a month.
- 25% of high school seniors drink once a week.
- Between 1974 and 1978, the proportion of male misusers rose by 3% to 38%.
- Between 1974 and 1978, the proportion of female misusers rose by 5% to 26%.
- Drinking is influenced by parents and peers.

<u>Key Facts About Drinking and Driving</u>:

- 49% of high schoolers drink in cars.
- 23% drive after drinking.
- 59% of boys have had drinking and driving problems.

A few facts: It is important to be well informed to have credibility with your teenager. Young people generally will respect your viewpoint more if they feel you are giving them honest, accurate information. Before talking to your teenager, it may help to have some of the following information at hand:

About Alcohol

- Parents are sometimes falsely reassured by the fact that many teenagers "only drink beer." There is approximately the same amount of alcohol in a 12-ounce can of beer, a 5-ounce glass of wine, and a mixed drink containing 1½ ounces of liquor.
- Don't advise your teenager to sober up with hot coffee or cold showers-they won't work. Alcohol continues to circulate in the body until it is burned up by the liver, at the rate of about one drink every 2 hours for a 150-pound person.
- It is dangerous to mix alcohol with any other drug, even over-the-counter preparations such as aspirin and cold pills. When taken within a few hours of each other, alcohol and many other drugs multiply each other's effects and an overdose can result.

About Drinking and Driving

- Alcohol seriously interferes with judgment, vision, muscle coordination, and reaction time, all of which are crucial to safe driving.
- It is dangerous for a person to rely on whether he or she "feels" like driving home after drinking. Alcohol often gives the illusion of being more powerful and in control than usual.
- Alcohol-involved crashes among youth are likely to occur at night, on weekends, and to involve speeding.
- Nearly as many girls as boys have experienced some kind of problem involving drinking and driving---either as passenger or driver.
- Drunk driving is against the law. If a teenager is apprehended, he may lose his license and incur other penalties, such as higher insurance premiums for several years. Find out about the laws in your community.

Why you need to talk about it:

- Traffic accidents are the number one cause of death among teenagers, and most of those accidents involve a drinking driver.
- It's comforting to believe: "not my daughter or son." But 50 percent of high school students drink in cars, and about one out of four reports driving after having had "a good bit to drink."
- Teens are inexperienced at both drinking and driving. Even moderate amounts of alcohol---for example, one beer per hour---can significantly impair a young person's driving.
- Despite the facts, teenagers don't necessarily believe there is anything wrong with drinking and driving. Young men, in particular, are likely to perceive the drinking driver as an independent, brave, popular individual.

- 42% of girls have had drinking and driving problems.
- 8,000 teens and young adults are killed in drinking/driving accidents; 40,000 are injured.
- Even a little alcohol reduces driving skills.

Attitude Focus Group Results:

- Kids drink to get high, not to relax.
- "Buzzed" is okay; "Bombed" is not.
- Staying "in control" is important.
- Boys: Drinking makes you fight.
- Boys: "Accidents won't happen to me."
- Teens disregard scare tactics and preaching.

FATALITIES & INJURIES

- 1/2 of all fatal accidents involve alcohol (about 25,000/yr.)
- 6 out of 10 people who kill themselves in single vehicle accidents are drunk.
- In the 16-24 year age group, alcohol is responsible for 8,000 deaths/year and the disfiguring of 40,000 young.
- Alcohol on highways result in injuries to 125,000/year.
- The dollar cost of alcohol related accidents is $5 Billion/year.
- Of 60 children born today, 1 will die and three will be gravely injured in car accidents related to alcohol. This will happen before their 20th birthday.
- Drunk driving will kill 70 people today alone and injure 2,150 more.
- Someone is killed by a drunk driver every 23 minutes.

PENALTIES & ARRESTS

- If you're out on a Fri. or Sat. night, 1 out of 10 cars around you is driven by a drunk driver.
- Less than 20% of convicted drunk drivers lose their license and of those who do, 70% continue to drive illegally.
- 25 states do not even prohibit drinking while driving.
- 90% arrested for drunk driving are men.
- People arrested for drunk driving admit to having done it at least 15 times before.

DRINKING MYTHS

MOST SKID ROW BUMS ARE ALCOHOLIC: You just can't count on stereotypes. A recent study found that less than half the derelicts on skid row had drinking problems.

MOST ALCOHOLICS ARE SKID ROW BUMS: Only 3% to 5% are. Most alcoholic people (about 70%) are married, employed, regular people. All kinds of people.

VERY FEW WOMEN BECOME ALCOHOLIC: In the 1950's, there were 5 or 6 alcoholic men to every woman. Now the ratio is about 3 to 1. Evidently this is one area where women's liberation is catching on too well.

MOST ALCOHOLIC PEOPLE ARE MIDDLE-AGED OR OLDER: A University of California research team has found that the highest proportion of drinking problem is among men in their early twenties. The second highest incidence occurs among men in their 40's and 50's.

YOU'RE NOT ALCOHOLIC UNLESS YOU DRINK A PINT A DAY: There's no simple rule of thumb. Experts have concluded that how much one drinks may be far less important than when he drinks, how he drinks, and why he drinks.

THE "DRUNK TANK" IS A GOOD CURE FOR ALCOHOLISM: Nonsense!! Alcoholism is an illness, and can be treated successfully. We don't jail people for other illnesses. Why for alcoholism?

I DON'T KNOW ANY ALCOHOLICS: Maybe you just don't know you know any alcoholics. Some of the best friends may have drinking problems They don't seem "different." And they usually try to hide their illness, even from themselves. About 1 of every 10 executives has a drinking problem.

THE REALLY SERIOUS PROBLEM IN OUR SOCIETY IS DRUG ABUSE: Right. And our number one drug problem is alcohol abuse. About 300,000 Americans are addicted to heroin. But about 9,000,000 are addicted to alcohol. It's not even close.

DRUG: Alcohol is a drug, all right. If you don't believe it, ask your doctor.

PEOPLE GET DRUNK . . . OR SICK . . . FROM SWITCHING DRINKS: That shouldn't really make much difference. What usually causes an adverse reaction to alcohol is drinking too much.

IT'S ONLY BEER: Sure. Just like it's only bourbon, or vodka or gin. One beer or one glass of wine is about equal to one average "highball." The effect might be a little slower, but you'll get just as drunk on beer or wine as on "hard" liquor.

YA GOTTA HAND IT TO JOE. HE CAN REALLY HOLD HIS LIQUOR: Don't envy Joe. Often the guy who can hold so much is developing a "tolerance" for alcohol. And tolerance is a polite word for need.

I DRIVE BETTER AFTER A FEW DRINKS: In most states, the legal definition of "drinking under the influence" is a blood alcohol level of 0.10%. But scientific tests have proved that even professional drivers' abilities diminish sharply at levels as low as 0.03% to 0.05%...just a few drinks. Not only that, but judgment is affected, too. So people think they're driving better than ever while they're really driving worse.

ALCOHOL IS A STIMULANT: It's about as good a stimulant as ether. Alcohol acts as a depressant on the central nervous system.

"WHAT A MAN!" STILL ON HIS FEET AFTER A WHOLE FIFTH: When we stop thinking it's manly to drink too much, we have begun to grow up. It's no more manly to over-drink than it is to over-eat.

DRINKING IS A SEXUAL STIMULANT: Contrary to popular belief, the more you drink, the less your sexual capacity. Alcohol may stimulate interest in sex, but it interferes with the ability to perform.

GETTING DRUNK IS FUNNY: Maybe in the old Charlie Chaplin movies... but not in real life. Drunkenness is no funnier than any other illness or incapacity.

I'M JUST A SOCIAL DRINKER: Just because you never drink alone doesn't mean you can't have a drinking problem. Plenty of "social drinkers" become alcoholic.

A GOOD HOST NEVER LETS A GUEST'S GLASS GET EMPTY: There's nothing hospitable about pushing alcohol or any other drug. A good host doesn't want his guests to get drunk or sick. He wants them to have a good time... and remember it the next day.

PEOPLE ARE FRIENDLIER WHEN THEY'RE DRUNK: Maybe---but they're also more hostile, more dangerous, more criminal, more homicidal and more suicidal. Half of all murders are alcohol-related. And one third of all suicides.

GIVE HIM BLACK COFFEE. THAT'LL SOBER HIM UP: Sure, in about five hours. Cold showers don't work either. Only time can get the alcohol out of the system, as the liver metabolizes the alcohol. Slowly. There's no way to hurry it.

THE BEST CURE FOR A HANGOVER IS: Everybody has his favorite. But they all have one thing in common: They don't work. What works? Preventive medicine. If you don't drink too much, you won't get a hangover.

ALL THAT PUBLICITY ABOUT DRINKING AND DRIVING IS: True!! At least half the fatal highway accidents involve drinking.

TODAY'S KIDS DON'T DRINK: Sorry, but the generation gap is greatly exaggerated. The kids' favorite drug is the same as their parents' favorite: alcohol. And drinking problems are rising among the young.

IF THE PARENTS DON'T DRINK, THE CHILDREN WON'T DRINK: Sometimes. But the highest incidence of alcoholism occurs among offspring of parents who either teetotalers...or alcoholic. Perhaps the "extremism" of the parents' attitudes is an important factor.

THE TIME TO TEACH KIDS ABOUT DRINKING IS WHEN THEY REACH LEGAL AGE: By that time, they've long since learned what we can teach them. Like it or not, we teach our kids from birth. And they learn more from what they see us do than from what they hear us tell them.

THANK GOD MY KID ISN'T ON DRUGS: If he's hooked on drinking, he's on drugs. With nine million Americans dependent on alcohol, it's time we stopped pretending it isn't a drug.

IT'S RUDE TO REFUSE A DRINK: Nonsense. What's rude is trying to push a drink on someone who doesn't want it. Or shouldn't have it.

IT'S IMPOLITE TO TELL A FRIEND HE'S DRINKING TOO MUCH: Maybe if we weren't all so "polite", we wouldn't have so many friends with drinking problems.

ALCOHOLISM IS JUST A STATE OF MIND: It's more than that. It's a very real illness, and there is scientific evidence that physiological dependence is involved.

A FEW DRINKS CAN HELP YOU UNWIND AND RELAX: Maybe. But if you use alcohol like a medicine, it's time to see your doctor.

THE FIRST ROUND SHOULD BE A "DOUBLE" TO BREAK THE ICE: Breaking the ice is a job for a good host and hostess...not for a bottle. You must have more to "give" your guests than just alcohol.

MIXING YOUR DRINKS CAUSES HANGOVERS: The major cause of hangovers is drinking too much. Period.

INDIANS CAN'T DRINK: Some can, some can't. Just like Caucasians.

JEWS DON'T DRINK: Some do, some don't.

PEOPLE WHO DRINK TOO MUCH HURT ONLY THEMSELVES: And their families. And their friends, and their employers, and strangers on the highways. And you.

YOUR KIDS WILL LEARN WHAT YOU TELL THEM ABOUT DRINKING: Your kids will learn what you show them about drinking. If you drink heavily; if you get drunk; the chances are your kids will follow the same example.

NEVER TRUST A MAN WHO NEVER TAKES A DRINK: You know that's silly. Yet many of us are a little nervous around people who don't drink.

SUMMARY

In closing this section on how and when to talk with your teens about these problems, you need to keep several other key concepts in mind.

1. Don't beat around the bush---if you think it is bad---tell them it is bad.
2. Be prepared to face the pouting and arguments that will ensue when you say "NO" and make it stick. You will prevail in the end.
3. Be prepared to propose serious consequences and be prepared to follow through with them when all else fails. I am talking about total restrictions to your home, having their licenses revoked at your request, turning them in yourselves to juvenile authorities, etc.
   There are times that you need to finally identify what is your bottom line and when they get down to that point, pick up the bottom line and smack them with it.
4. Take all your actions with a feeling of love about you toward your teens.
5. When using scare tactics, understand that sometimes it is very effective to "back the hearse up to the door."
6. Get professional advice from anyone and everyone available to you if you feel progress is not being made by your efforts or the efforts of your friends.
7. Emphasize: Play it Smart---Don't Drink and Drive!!!

I hope you will find information in this chapter to help you try and cope with what is a very serious and complex problem. You are not alone in your plight and there are many people and resources available to help you, but you must first recognize the problem, admit to the problem and be willing to work through it with every ounce of strength in your being.

Our feeling is that when we are a society finally starts to come to grips with these problems effectively we may begin to close prisons instead of schools.

CHAPTER FIVE

MISCELLANEOUS THINGS FOR PARENTS

So far we have been dealing with facts, tips on communicating with your teens, recognizing symptoms once a problem has started, etc.

In this section we are going to give you a short list of materials that are available at no cost or not more than $1 that can be very valuable to use in advance of a problem starting. These materials can be considered "preventative medicine" to keep problems from ever beginning.

These materials deal with understanding teens, experiences they face, how to communicate effectively, single parent information, practical parenting problems, child care and father relationships, and a whole host of other areas. The addresses to write to and the cost, if any, are listed.

This is by no means a complete list of available materials. There are literally hundreds of sources of information available to you. It's hard work raising children, but it is the most rewarding work you will ever do if you use all the information and techniques available to parents to help you in the task of producing the best generation of young people ever.

Good luck in your efforts and thank you for the "Tender Loving Care" you give your young people.

BASICS

A 27-page booklet that examines the problems adolescents and their parents face and attempts to stimulate understanding between the generations. The booklet discusses the physical and social concerns of adolescents and the problems these can cause. Areas of conflict such as dating, sexuality, and running away are dealt with in some detail, and advice is given.

Ask for: "An Adolescent in Your Home"

Send: $1.00

To: Consumer Information Center
Dept. 105J
Pueblo, CO 81009

One of the topics discussed is PARTIES: Parents do well to encourage their adolescents to bring their friends to the house. Willingness to provide the food can make parent participation in party plans acceptable, but adults should involve themselves as little as possible---staying at home, but in the background after a party begins. House rules about smoking, drinking, drugs and "closing time" should be made clear in advance

PARENTS & TEENS

A 24-page booklet on that "stranger in the house"---the teenager. The dilemmas of both teenagers and parents are discussed, and actual experiences illustrate the topics, which include decision-making, responsibility and morality. A list of suggested readings is included.

Ask for: "Parents and Teenagers"

Send: 50¢

To: Public Affairs Pamphlets
381 Park Avenue
New York, NY 10016

One of the topics discussed is YOUR TEENAGER: Your teenager is that bewildering, bewildered someone whom you are frightened for. His or her basic needs are the same as yours; the age-group needs are different. Because you have had more years to learn how to handle problems and control emotions, your teenager may not know what you are feeling. Maybe you should tell him. . .through actions as well as words.

ADULTS & TEENS

A 16-page booklet that discusses how to produce satisfactory adult-teen relationships. The booklet examines the reasons behind common teenage behavior, outlines some of the mistakes in communication parents can make and suggests ways parents can interact positively with adolescents. Also includes a list of discussion questions.

Ask for: "The Basics of Adult-Teen Relationships"

Send: $1.00

To: CMTI Press
Box 8268A
Coral Springs, FL 33065

ADOLESCENCE

A 2-page reprint on the challenge of dealing with adolescents. The reprint offers useful tips on how parents can foster constructive discussion and help their teenagers through this difficult time. The teenager's responsibilities in bridging the generation gap are also discussed.

Ask for: "Plain Talk About Adolescence"

Send: A postcard

To: Public Inquiries, Rm. 11A-21
NIMH, NCMHI
5600 Fishers Ln.
Rockville, MD 20857

One of the topics discussed is COMMUNICATION: Give your undivided attention when your teenager wants to talk to you. Don't read, watch TV, fall asleep, or make yourself busy with other tasks. Try to listen calmly, even though there may be a difference of opinion. Concentrate on hearing and understanding your teenager's point of view. Don't start preaching when a give-and-take discussion is wanted.

DRUGS

A 40-page booklet that concentrates on answering questions about drug abuse among teenagers and suggests ways to confront and deal with the problem. It has chapters on tobacco, alcohol, marijuana, hallucinogens, PCP, stimulants, sedatives, inhalants, and narcotics, plus sections on information clearinghouses, resource organizations and a book list.

Ask for: "Let's Talk About Drug Abuse"

Send: A postcard

To: NCDAI
Dept. MBP
P.O. Box 416
Kensington, MD 20795

MARIJUANA

A 28-page booklet for parents concerned about marijuana use among preteens and teens. It discusses scientific facts, statistics, legal questions, physiological and psychological effects, and peer group pressures. The booklet is designed to prepare parents to talk with teenagers about drugs. It includes a glossary of slang and a table of drug effects plus a short list of suggested readings.

Ask for: "For Parents Only: What You Need to Know About Marijuana"

Send: A postcard

To: NCDAI
Dept. MBP
P.O. Box 416
Kensington, MD 20795

KIDS AND DRUGS

A 23-page booklet designed to inform and advise parents who are concerned about their children and drugs. Nowadays even gradeschoolers may find their fellow students using chemicals such as angel dust and LSD. This booklet realistically discusses the varieties of available drugs, why young people may decide to use them and what parents can do about the problem.

Ask for: "Children and Drugs"

Send: 50¢

To: Public Affairs Pamphlets
381 Park Ave. S.
New York, NY 10016

SINGLE PARENTS

Two short foldouts that discuss the special concerns and experiences of parents who are widowed, divorced, separated or who have never been married. They include a description of the educational and social services of Parents Without Partners, and organization for people "in the same boat."

Ask for: "The Single Parent" and "Are You a Single Parent?"

Send: 50¢

To: Parents Without Partners, Inc.
7910 Woodmont Ave.
Dept. MP
Washington, DC 20014

THE SINGLE PARENT

A sample copy of a magazine to help parents raise healthy, happy children despite the pressures and problems of single parenthood. Each issue contains articles on topics such as day care, coping with isolation, new legislation, as well as some poetry and short stories on the subject of divorce and widowhood.

Ask for: A sample copy of "The Single Parent"

Send: $1.00

To: Parents Without Partners, Inc.
7910 Woodmont Ave.
Dept. MP
Washington, DC 20014

RESOURCES

Over 50 resources are described in this publication available to single parents. Newsletters, support groups for adults and kids, model projects and books are among the items listed that are useful to parents who want to help themselves and their children adjust to divorce or separation.

Ask for: "Single Parent Resources"

Send: 50¢

To: Parents Without Partners, Inc.
7910 Woodmont Ave.
Dept. MP
Washington, DC 20014

PRACTICAL PARENTING

A 4-page reprint of Vicki Lansky's PRACTICAL PARENTING, a bimonthly newsletter by parents and for parents. Some of the features of this typical 16-page newsletter are: Parents Forum, where readers share experience and advice; Update, summaries of latest news on the parenting front; and Feedback, a column on nutrition concerns.

Ask for: PRACTICAL PARENTING reprint

Send: A 9" self-addressed, stamped envelope

To: Meadowbrook Press
Dept. FSP--PPN
Deephaven, MN 55391

NURTURING NEWS

A sample copy of NURTURING NEWS, a newsletter for fathers and other men in the main stream of child care. Each issue offers articles, poems, photos, movie and book reviews, information on resources and other features focusing on the "new American male" and his increasing involvement with children.

Ask for: A sample copy of NURTURING NEWS

Send: 50¢ and a 9" self-addressed, stamped envelope

To: David L. Giveans, Co-Editor
Nurturing News
187 Caselli Ave.
San Francisco, CA 94114

FOR MOTHERS

A sample copy of MOTHERS' MANUAL, a magazine that discusses a wide range of parenting topics. Each issue offers articles on topics such as women's bodies, doctors, and child health. Past issues have had special features on the importance of a child's environment and handicapped children.

Ask for: MOTHERS' MANUAL sample

Send: A postcard

To: Mothers' Manual
441 Lexington Ave.
New York, NY 10017

PARENTING CENTER

A sample issue of a New York-based newsletter free to parents anywhere in the U.S. Although many of the calendar events are of local interest, the feature articles cover topics of interest to all parents---health concerns, ideas for crafts and play activities, family and social situations, and so on.

Ask for: A sample copy of PARENTING CENTER NEWSLETTER

Send: A postcard

To: Parenting Center
92nd St. Y
1395 Lexington Ave.
New York, NY 10028

PARENTS & SCHOOLS

A sample copy of CITIZEN ACTION IN EDUCATION, a news journal devoted to educational topics of special interest to parents. Past issues have featured articles on school effectiveness, parents' influence on school-related legislation and the family's interaction with schools.

Ask for: CITIZEN ACTION IN EDUCATION sample

Send: A postcard

To: Citizen Action in Education
Circulation Manager
Institute for Responsive Education
605 Commonwealth Ave.
Boston, MA 02215

VILLAGE CIRCLE

A sample copy of VILLAGE CIRCLE, a newsletter full of practical child raising hints and tips, ideas for family activities, day care, sports, health and nutrition concerns, plus recipes for snacks and fun and children's book reviews. Many of the calendar events are local but the articles on parenting have wide appeal.

Ask for: A sample copy of VILLAGE CIRCLE

Send: 50¢

To: Village Circle--FS
P.O. Box 5361
Orange, CA 92667